

# *LINCOLN*

## **FIVE-YEAR HOUSING ACTION PLAN**

### **PROJECT #2**

## ***EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS***

*Prepared for:*

***NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT***

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**With Assistance From The Lincoln Community Team**

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**LINCOLN, NEBRASKA**

**FIVE-YEAR HOUSING ACTION PLAN**

***EXTREMELY LOW INCOME PERSONS WITH A  
SERIOUS MENTAL ILLNESS***

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**SECTION 1**  
***INTRODUCTION -***  
***PURPOSE & PROCESS***

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# SECTION 1

## ***INTRODUCTION - PURPOSE & PROCESS***

### **THE PURPOSE- FIVE-YEAR HOUSING ACTION PLAN**

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This **Five-Year Housing Action Plan** allows the Nebraska Department of Health and Human Services (NHHS) and Economic Development (NDED) to address planning issues related to the provision of ***safe and affordable housing for persons with a Serious Mental Illness (SMI) with extremely low incomes***, residing in the counties associated with the "**Primary**" community of **Lincoln, Nebraska**, as identified in the Statewide Consumer Housing Need Study, completed for NHHS and NDED, in September, 2003. This SMI housing action planning process examines and identifies the most appropriate housing types, for a targeted 593 persons with SMI, for a five-year period 2003 to 2008, as presented in the Statewide Consumer Study. This SMI Housing Action Plan is intended to be approved, by consensus, by pertinent, interested groups and individuals involved in the Lincoln SMI housing market area, including the Region V Governing Board, local officials, consumers and services providers.

### **THE PROCESS- FIVE-YEAR HOUSING ACTION PLAN**

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NHHS retained the services of Hanna:Keelan Associates, P.C., Lincoln, Nebraska, to prepare the Lincoln, Five-Year Housing Action Plan, for persons with SMI. Hanna:Keelan was assisted by the **Lincoln Community Team**, comprised of representatives of federal, state and local leadership and housing funders and individuals representing persons with SMI. The Action Plan was completed during the period of October, 2003 to July, 2004.

***Hanna:Keelan was directed to study, analyze and determine the appropriate current and future affordable housing needs of persons with SMI, who are extremely low income, in the community of Lincoln, Nebraska.***

*process,  
continued.....*

The Lincoln SMI housing planning process included both a ***"qualitative" and "quantitative" research program***, in an effort to identify the types, number and location of **respite care/emergency shelter beds, group residential beds, residential units**, and housing programs, most appropriate, to enhance the quality of life for income qualified persons with SMI. Emphasis was placed on meeting the identified need for additional permanent housing with supportive services for persons who are extremely low income, with SMI issues.

*qualitative  
process.....*

The ***qualitative research program*** included valuable input from the Lincoln Community Team. The Team met on four occasions, to discuss and assess the housing and services needs of persons with SMI.

*quantitative  
process.....*

The ***quantitative research program*** included utilizing statistical data available in the Statewide Consumer Study. This data was obtained via the U.S. Census, CHAS Tables and the Nebraska Mental Health Estimation Project, prepared by the Western Interstate Commission for Higher Education, with the assistance of Charles Holzer and Associates, University of Texas Medical Branch. The projection of data was completed by Hanna:Keelan, utilizing standard formats for trends/projections analysis. Provider and consumer surveys, as well as provider and consumer focus group meetings, conducted for the Statewide Consumer Study, provided qualitative information which was utilized in finalizing the trend/projection analysis.

## **SMI Defined**

For purpose of this SMI Housing Action Plan, the following definitions for persons with SMI were utilized. *(1) Persons 18+years of age, (2) who currently have, or have at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions).*

***SMI defined,  
continued.....***

*This includes mental disorders such as schizophrenia (295), mood disorders, including bipolar and major depression (296), delusional disorder (297.1), shared psychotic disorder (297.3), brief psychotic disorder (298.8), and psychotic disorder NOS (298.9). Excluded are DSM-VI "V" codes, substance use disorders, and developmental disorders, unless they occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment (i.e. basic daily living skills, instrumental living skills, functioning in social, family and vocational/educational contexts), which substantially interferes with or limits one or more major life activities. Note: Subsets of SMI include persons with a severe and persistent mental illness and persons disabled by severe and persistent mental illness.*

**Statement of  
Conditions**

**Lincoln, Nebraska**, located along the Interstate 80 corridor, is the State Capital and second largest community in the State, with an estimated 2004 population of 237,900. The City's population is projected to increase an estimated 1.45 to 1.65 percent, annually.

In 2000, Lincoln had an estimated 95,199 housing units, with 5 percent, or 4,714 units vacant, of which 57.1 percent or 2,692 were rental units. In 2004, an estimated 42.2 percent of the households are renters.



## REVIEW OF STATEWIDE FINDINGS/ CONCLUSIONS

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The **Statewide Consumer Housing Need Study** documented a five-year forecast of affordable housing needs of extremely low income persons with SMI. The Study predicted an **estimated 71,763 persons with SMI**, 19+ years of age, will reside in Nebraska by 2008. This will equal an estimated 5.5 percent of the total 19+ years of age population in the State. An estimated 88 percent of the **71,763 persons with SMI will reside in a household** (non-institutionalized/non-hospitalized) or be homeless.

### *Extremely low income SMI.....*

The **Statewide Study** concentrated on adults with SMI, residing in a household or homeless, at 50 percent of the Area Median Income (AMI) or less, for ages 19 to 21 years, and 30 percent of AMI or less for 22+ years of age adults. **An estimated total of 17,030 SMI adults (3,788, 19 to 21 years and 13,242, 22+ years) will be within these income categories, by 2008.**

### *SMI with cost burden housing problems.....*

An estimated 75 percent of the SMI adults, within the designated AMI categories, will experience cost burden/housing problems. This total is **12,763 SMI adults**; an estimated 2,698 at 19 to 21 years and 10,065 at 22+ years of age.

### *Target SMI Housing Need.....*

A **target SMI housing** need was identified in the Statewide Consumer Housing Need Study, which included **3,926 bed/units**, by 2008 an estimated 31 percent of the total estimated income eligible SMI adults (12,763) having cost burden/housing problems. The Study also identified three specific housing types; crisis/respite care- emergency shelter, group residential and residential units.

***Target Housing  
Types.....***

The Statewide Consumer Housing Need Study identified the following ***target housing types for persons with SMI.***

- ⇒ **Crisis/Respite Care Emergency Shelter** is a broad category which includes housing designed to provide temporary shelter and services to individuals with a serious mental illness, including homeless individuals. This includes respite care beds, meant to provide temporary, specialized care in an crisis situation or in the absence of a primary care giver, with services provided on a planned or unscheduled basis due to crisis or other events which arise. This category also includes emergency shelter beds for homeless individuals with a serious mental illness.
  
- ⇒ **Group Residential Programs** are facility-based, non-hospital or nursing facility programs for persons disabled by severe and persistent mental illness, who are unable to reside in a less restrictive residential setting. These facilities are integrated into the community and provide skill building in community living skills, daily living skills, self medication management and other related psychiatric rehabilitation services as needed to meet individual consumer needs. A group residential facility involves living with a group of people with 24 hour staff.
  
- ⇒ **Residential Units** include independent living units, such as apartments or single room occupancy housing. Staff is not located on site, however community support provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, provides skill training, ensures the acquisition of necessary resources and assists the consumer in achieving community and social integration.

## ***Mental Health Services.....***

The Statewide Consumer Study identified ***mental health services***, in addition to housing needs for persons with SMI. The following definitions and estimated costs apply to these services.

### **Mental Health Rehabilitation/Support/Recovery-**

The estimated annual cost for Mental Health Rehabilitation/Support/Recovery utilizes an estimated average baseline cost of \$11,000 per unit/bed-occupant, per year. This would include costs associated with mental health rehabilitation and support services designed to promote recovery, such as day rehabilitation, community support, residential rehabilitation, Assertive Community Treatment (ACT), vocational support and related services.

- Occupants of crisis/respice care/emergency shelter beds would require an estimate average annual cost of \$12,700, per occupant, for mental health rehabilitation/supply/recovery services. Emergency shelter beds at \$6,000 per unit and Crisis/Respice Care Beds at \$39,500 per bed.
- Occupants of group residential beds would require an estimated average annual cost of \$36,000.
- Occupants of residential units would require an average annual cost of \$3,000.

**Medical Treatment For SMI-** The estimated annual cost for Medical Treatment for the Seriously Mentally Ill includes costs associated with medication expenses. An estimated average of \$5,800 per unit/bed-occupant, per year, was established; an estimated \$3,500 for the 19 to 21 years of age group and an estimated \$5,850 for the 22+ years of age group. All or part of the expenses for medical treatment services expenses may already be covered for a portion of the targeted population, by Medicaid or Medicare.

**The definition and estimated costs for the identified target housing types and mental health services apply to all 34 "Primary" communities, in the State of Nebraska, including Lincoln, Nebraska.**

## **REGION V SMI HOUSING NEED**

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The Statewide Consumer Housing Need Study identified a five-year SMI housing need of **974 units/beds**, to be situated in the following Region V "Primary" communities; Lincoln, Beatrice, York, Seward, Wahoo, Nebraska City and Falls City. The City of Lincoln was identified as the "**Primary**" community to provide **593 units/beds**, to serve the SMI consumers residing in Lancaster County.

## **SMI Housing & Economics- Lincoln**

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By 2008, an estimated **184,698** residents, residing in Lancaster County represented by the community of Lincoln, will be **19+ year of age**. An estimated **10,678** of this population will be diagnosed with a **serious mental illness**. An estimated 88.2 percent of this group, or **9,417; will reside in a household, or be homeless, or without permanent housing**.

Of the estimated 9,417, 19+ years of age, SMI residents, living in Lancaster County, represented by Lincoln, an estimated 27.1 percent, or **2,552 residents**, will meet the **extremely low - to low income** criteria, established in the Statewide Consumer Housing Need Study. An estimated 75.1 percent of this group, or **1,916**, will be **cost burdened, and/or have housing problems**

Of the **1,916 SMI Residents** identified as the group most needing affordable housing, a total of **593 units/beds** have been **targeted** to meet an estimated 30.9 percent of this need.

- A. **By 2008, Lancaster County (Estimated) Population – 184,698 , 19+ Years of Age**
- B. **Total SMI, 19+ Years of Age - 10,678 (5.8% (A))**
  - 19-21 Years of Age – 1,161
  - 22+ Years of Age – 9,517

*housing  
economics,  
continued.....*

- C. **Total SMI, in Households, 19+ Years of Age – 9,417 (88.2% (B))**
  - 19-21 Years of Age – 1,041
  - 22+ Years of Age – 8,376
- D. **Total SMI, in Households, AMI – 2,552 (27.1%(C))**
  - 19-21 Years of Age, 0% - 50% AMI - 569
  - 22+ Years of Age, 0% - 30% AMI – 1,983
- E. **Total SMI, 19+ Years, in Households, AMI, Cost Burdened/Housing Problem (CB/HP) – 1,916 (75.1% (D))**
  - 19-21 Years of Age, 0% - 50% AMI-CB/HP - 408
  - 22+ Years of Age, 0% - 30% AMI-CB/HP – 1,508
- F. **Total SMI Targeted Household Need - (30.9% (E))**
  - 19-21 Years of Age, 0%- 50% AMI-CB/HP - 124
  - 22+ Years of Age, 0% - 30% AMI-CB/HP- 469

*Targeted Group/  
Housing Type.....*

A total of 124 units/beds have been identified for the 19-21 years of age SMI population group, for Lincoln, by 2008. This would include three housing types; crisis/respice care- emergency shelter beds, group residential and residential units. The 22+ years of age SMI group will require 469 units/beds, by 2008, in Lincoln, with residential units being the most needed type of housing, 363 units.

#### **TARGETED GROUP/HOUSING TYPE**

- **19-21 Year (0% - 50% AMI)**
  - Crisis/Respice Care/Emergency Shelter Beds - 18
  - Group Residential Beds - 34
  - Residential Units - 72
  - Subtotal 124
- **22+ Years (0% - 30% AMI)**
  - Crisis/Respice Care/Emergency Shelter Beds - 26
  - Group Residential Beds - 80
  - Residential Units - 363
  - Subtotal 469

**TOTAL (UNITS/BEDS)- 593**

***Estimated Costs-  
Housing and  
Services.....***

The following identifies the estimated cost to both construct and operate the 593 SMI beds/units in Lincoln, and the estimated costs associated with providing both mental health services and medical treatment to this group of consumers.

**Target Household Need - Capacity Building, Land Requirements, Development Costs, Operating Expenses - Lincoln**

1. Housing Capacity Building Costs.....\$9,000
2. Est. Land Requirements..... 72.45 acres
3. Est. Development Costs.....\$48,190,000
4. Est. Annual Operating Expenses... \$3,253,700

**Target Household Need - Mental Health Services and Medical Costs - Lincoln**

5. Est. Annual Cost - Mental Health  
Rehabilitation/Support/Recovery.....\$6,562,817
6. Est. Annual Cost - Medical Treatment  
For SMI.....\$3,177,650

**LINCOLN  
AFFORDABLE  
HOUSING SUPPLY**

The Community of Lincoln has an excellent supply of modern, affordable housing for persons and families of low- to moderate income. The majority of these affordable housing programs are funded by HUD and the Low Income Housing Tax Credit (LIHTC) Program. Lincoln has an estimated 3,200 units of affordable housing, financed by LIHTCs or HUD. These affordable housing governmental programs, have estimated sustained occupancy rates of 90 to 100 percent.

**Lincoln is home to one of three Regional Centers. An estimated 88 beds are available to serve persons with SMI, at the Lincoln Regional Center.**

The following presents a list of the "primary" affordable housing programs for persons with SMI, in Lincoln.

Residential Units:

- ♦ O.U.R. Homes - 300 Units

***affordable housing  
supply,  
continued.....***

**Group Residential:**

- ♦ Center Pointe- Long Term Adult - 15 Beds
- ♦ Center Pointe- Long Term Youth - 15 Beds
- ♦ Center Pointe- Short Term Adult - 14 Beds
- ♦ Center Pointe- Scattered Site Transitional - 22 Units
- ♦ Champion Homes - 10 Units
- ♦ Prescott Place, Inc. - 24 Beds
- ♦ O.U.R. Homes Boarding House - 45 Units/Three Buildings
- ♦ O.U.R. Homes Apartments - 24 Units
- ♦ Serenity Place - 40 Beds

**Crisis/Respite Care/Emergency Shelter:**

- ♦ Community Mental Health Center - 15 Beds

Madonna owns and operates an eight unit LIHTC assisted living facility for persons with traumatic head injury.

Mosaic owns and operates a five unit affordable housing HUD facility for persons with a developmental disability.

The League of Human Dignity which owns and operates affordable HUD housing for persons with a physical disability.

The ARC of Lincoln owns and operates a six unit residential apartment facility and a HUD 10 group homes for persons with a developmental disability.

Numerous public and private providers, in Lincoln, have housing available for persons with SMI, including local long-term care, nursing home facilities and the Lincoln Housing Authority. The Housing Authority has an estimated 4,300 affordable units in management, ranging from Public Housing, Section 8 Vouchers, LIHTC units to Homeless Vouchers. Income eligible persons with SMI can apply for housing with the Lincoln Housing Authority.

**local housing****costs.....**

Perhaps the primary indicator of housing costs, in a community, for persons/families at 50 percent of the area median income or less, are the current Fair Market Rents (FMRs) provided by HUD and administered by local Housing Authorities. The following table identifies the current FMRs for the respective Counties for the eight communities for which Five-Year Action Plans were completed, as Project #2 of SMI Housing Needs Assessment. Tenants utilizing rental assistance programs associated with FMRs would pay no more than 30 percent of their income for rent and utilities. The difference between what the tenant can pay, at 30 percent of their incomes, and the allowable FMR is covered by rental assistance.

<b>FAIR MARKET RENTS AT 30 PERCENT OF INCOME</b>					
<b><u>County</u></b>	<b><u>Efficiency</u></b>	<b><u>1-Bedroom</u></b>	<b><u>2-Bedroom</u></b>	<b><u>3-Bedroom</u></b>	<b><u>4-Bedroom</u></b>
<b>Hall:</b> (Grand Island)	\$304	\$400	\$533	\$701	\$786
<b>Adams:</b> (Hastings)	\$264	\$354	\$467	\$586	\$701
<b>Buffalo:</b> (Kearney)	\$273	\$395	\$495	\$617	\$747
<b>Madison:</b> (Norfolk)	\$259	\$341	\$451	\$584	\$712
<b>Platte:</b> (Columbus)	\$253	\$326	\$416	\$580	\$605
<b>Wayne:</b> (Wayne)	\$289	\$326	\$416	\$532	\$630
<b>Lancaster:</b> (Lincoln)	\$337	\$431	\$569	\$755	\$882
<b>Douglas:</b> (Omaha)	\$362	\$496	\$626	\$821	\$922
Source: <a href="http://www.huduser.org">www.huduser.org</a> , 2004					



**SECTION 2**  
*LINCOLN COMMUNITY*  
*PARTICIPATION PROCESS*

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# SECTION 2

## *LINCOLN COMMUNITY PARTICIPATION PROCESS*

### **INTRODUCTION**

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*community  
team.....*

The development of the Lincoln Five-Year Housing Action Plan, for persons with SMI, included the participation of a Community Team was comprised of 15 professionals representing local housing interests and federal, state and local housing funders. The Community Team met for four, four-hour sessions to discuss affordable housing needs, options and opportunities, in Lincoln, for persons with SMI. The four meeting dates were September 28, 2003, January 7, 2003, January 15, 2004 and January 29, 2004.

### **COMMUNITY TEAM INPUT**

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The Lincoln Community Team addressed a wide range of issues associated with persons with SMI, including housing, employment and transportation. The following summarizes the most pertinent issues.

- State-owned land – What is available to support SMI housing units? If you own land, free and clear, it may make it possible to leverage the availability of funding for housing and related services;
- Housing deals on long term land leases, i.e. 50 to 99 years
- Land selection and most coincide with available transportation for persons with SMI;
- Currently, people are waiting at the Lincoln Regional Center to be discharged, but there are no available appropriate/affordable housing for them to transfer to. At the same time, people are waiting at the Crisis Center for beds to be available in the Regional Center;

***community  
team input,  
continued.....***

- Bridge funding by County needs to be guaranteed so persons with SMI can go directly into housing;
- Community Mental Health Center provides case management to 600-700 clients – about a half a dozen persons with SMI are evicted from their apartment, per month, because they aren't good tenants – they need to have support services available on site;
- Service program money is currently not available to support the services the SMI population needs, nor housing that is affordable for them;
- Persons with SMI need to have services on site;
- O.U.R. Homes, Community Mental Health Center, CenterPointe, Champion Homes, Prescott Place, Belair, and Serenity Place currently provide housing for the SMI;
- Mental health service providers don't provide housing very often due to a lack of incentives;
- HUD Section 811 program is an affordable housing model that work well.
- Each Neighborhood Association, in Lincoln, could advocate for and establish a housing project for persons with SMI, and have a person with SMI from that neighborhood be the first to live there;
- Consider the developmentally disabled model for SMI housing; funding from the private sector, small units and live-in supervision.
- LIHTC Program - there are many fees, with no money to fund supportive services;
- Original Adult Foster Care Model has to be considered to house persons with SMI
- Create Medicaid programs that would allocate funds for SMI housing services;

***community  
team input,  
continued.....***

- Need to have a (housing/residential) safety net in case SMI consumers experience a relapse and must leave their housing for a certain period of time;
- O.U.R. Homes has 20 vacancies because when people leave the Regional Center, they can't apply for SSI until they are out the door - so they can't pay rent right away. Also, they may have to apply for SSI several times before receiving it;
- Locally, in the City of Lincoln/Lancaster County, mental health patients discharged from treatment must wait approximately six months to one year to qualify for SSI to pay for housing;
- 10 to 20 years ago, you could rent SROs (Single Room Occupancy units) in many areas of Lincoln (including above businesses in the Downtown area), however this has largely been eliminated due to zoning changes and buildings such as Metropolitan Apartments being demolished;
- There are private individuals in Lincoln who would be willing to build for the SMI population, but service providers can't guarantee that they can give the necessary services to support clients;
- Housing funders don't really take into account services;
- There has to be a commitment of supportive services and rental assistance dollars in each Region (i.e. give each Region a certain amount of money and see what they can do with it, and in two years review the projects created and see what has been most successful.)
- 80 people are currently waiting for case management assistance (roughly costs \$225/month), in Lancaster County, but the County has spent all its case management funds;

***community  
team input,  
continued.....***

- The Housing Authority can not ask applicants if they have a mental illness. However, they can ask if you have a disability so that assistance can be provided;
- 19 year olds with SMI - that do not claim disability to the Lincoln/Lancaster County Housing Authority will never be able to qualify for housing vouchers;
- In neighborhoods which currently house the majority of the SMI people, drugs are everywhere, creating a negative environment. Need to strategically locate SMI housing throughout the community;
- SMI housing must be near bus routes, close to supportive services and near primary health care providers (for physical medical problems);
- Consumers usually oppose large, congregate settings;
- Have appropriate affordable mix/choices ranging from the minimum to the maximum amount of structure/ supervision;
- Approximately, 1,200 homeless persons currently reside in Lincoln;
- Both Lincoln and Omaha are working on a “point in time” count of homeless persons;
- Total Nebraska homeless population could be estimated by doubling the total Lincoln and Omaha counts;
- Dean Settle, CMHC, introduced the “Village Concept” of treating persons with mental health illness.

## **PRIORITIES**

- Create “Village Model”;
- Residential units with quality, comprehensive services;
- Bridge financing for persons with SMI, awaiting SSI for housing;
- Single-Room-Occupancy units;
- Scattered site SMI housing, with individual neighborhood sponsorship
- Group Residential facilities;
- Rental Assistance;
- Expand the Heather residential program; i.e. transitional model.
- Create a Residential-to-School program for persons with SMI; i.e. parents of all ages Southeast Community College;
- Expand Housing – supportive services for new Americans – ethical/racial groups;
- Senior housing for older adults with SMI;
- SMI provider community to establish working relationships with local homebuilder/home repair industry.

## **GENERAL THEMES**

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The following identifies some **general themes** regarding the overall needs of the SMI population, in Lincoln, as per the community participation process.

1. New SMI housing options should include both group residential beds and residential units.
2. Funding for SMI treatment and medical services need to match new housing programs.
3. SMI consumers need to have their own bedroom, be that in a group residential or residential (independent living).
4. New affordable housing options should first be available to persons with SMI that are currently inappropriately housed in housing either, or both too expensive or having condition problems.
5. Local non-profit, as well for-profit and governmental and quasi-governmental groups either/or both in the housing business or providing services for persons with SMI should participate/sponsor new SMI housing developments.
6. Consumers with SMI need additional employment options, with training. An effort should be made to double the current number of employed consumers in the next five years, local business, government and services providers should all participate in this effort.
7. Transportation options need to be increased, in Lincoln, for persons with SMI. The availability of land, for new housing programs, not in the core area of Lincoln, will dictate having a dependable means of transportation.
8. The community of Lincoln should consider the development of a housing program utilizing the **"Village Concept"**; combining residential living, employment training, transportation and community information.





**SECTION 3**  
***FIVE-YEAR SMI HOUSING***  
***ACTION PLAN***

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# SECTION 3

## ***FIVE-YEAR SMI HOUSING ACTION PLAN***

### **INTRODUCTION**

The following **Action Plan** details a five-year approach to meeting the housing needs of extremely low income persons with SMI, residing in Lancaster County represented by the "**Primary**" community of Lincoln, Nebraska. The total units proposed exceed the targeted 593 target units/beds, discussed previously in this document. A total of 13 individual SMI housing programs, if all developed, would accommodate an estimated 460 consumers.

### **MATRIX-SMI HOUSING PROGRAM PRIORITIES**

The **Matrix** provided in this Action Plan list ***Housing Program Priorities***, as prepared by Hanna:Keelan Associates, with input of the Lincoln Community Team. Listed in the Matrix are individual housing programs, the purpose, and in some instances the location of the programs, potential coordination and funding sources for each program. Each housing program includes an estimated land requirement and budget for both development and mental health support and medical treatment.

**The 13 proposed Lincoln SMI Housing Program Priorities are profiled as followed:**

1. Affordable Senior Housing Program, older adults;
2. Affordable Group Home Program for mixed ages;
3. Affordable Single Family Homes Program, for family members with SMI;
4. Homebuilder/Home Repair Program for families with a family member with SMI.
5. SMI Apartment, Set-A-Side Program-maximum 40 units

***SMI  
housing program  
priorities,  
continued.....***

6. Village Concept Affordable Rental Apartments-  
maximum 15 units.
7. Affordable Senior Housing Program for older adults  
with SMI.
8. Affordable Transitional Living Facility-short and  
long term-maximum 40 units.
9. Mixed population, mixed income rental program,  
varied rental types for independent living- maximum  
70 units.
10. Village Concept, affordable rental apartments-  
maximum 15 units.
11. Single-Room Occupancy-SMI Program-maximum 24  
units.
12. Scattered Site Duplex Program for persons with  
SMI, joint Neighborhood sponsorship-maximum 20  
units.
13. Crisis Emergency Housing, “Safe Haven” model  
maximum 16 beds.

**PROPOSED  
COORDINATION  
of SMI  
HOUSING  
PROGRAM**

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This Five-Year SMI Housing Action Plan identifies **several groups/organizations to coordinate** proposed housing programs, in Lincoln, for persons with SMI. CenterPointe, Nebraska Assistive Technology Partnership, Lincoln Action Program and the Community Mental Health Center, as well as the Lincoln Housing Authority and Neighborhoods, Inc. should take a lead role in facilitating the development of SMI housing, based upon their eligibility, and thus, accessibility to all major housing funding sources available, as well as their excellent experience in housing development and management. These groups could team with Region V, or another SMI services provider in the community for supportive services.

## **FUNDING of SMI HOUSING**

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Local non-profit groups, such as CenterPointe and Lincoln Action Program, as well as the Housing Authority are eligible candidates for the HUD Section 202 and 811 programs; two ideal programs to fund special populations.

The Community of Lincoln and Region V should designate a local organization or team of professionals to monitor and insure the implementation of this SMI Housing Action Plan.

Several state and federal programs exist to fund housing for persons with SMI. The HUD Section 202 and 811 programs provide a "capital advance" to construct a housing program and an "operational subsidy" to assist in funding the operational costs of a housing program, for persons with SMI, to an eligible non-profit group.

**HOME and Nebraska Affordable Housing Trust Funds** provide "gap" financing, to assist in financing housing for special populations. These two programs are administrated by the City of Lincoln (HOME Funds) and the Nebraska Department of Economic Development (NDED).

The **Nebraska Low-income Housing Tax Credits Program**, sponsored and administrated by the Nebraska Investment Finance Authority, accepts applications for housing programs to serve special populations. The **Midwest Housing Equity Group** has expressed interest in purchasing the tax credits awarded housing programs for persons with SMI.

The **Community Development Block Grant Program**, also administrated by the City of Lincoln, is available for housing rehabilitation programs, which could benefit existing housing stock occupied by persons with SMI.

The **Federal Home Loan Bank and FannieMae**, also have funding products capable of total or partial funding of SMI housing program.

*funding of SMI  
housing,  
continued.....*

Locally, the City of Lincoln should consider the use of **Tax Increment Financing**, to assist in financing land purchases, development costs and public improvements associated with the development of affordable housing for person's with SMI.

## **COMMUNITY & FUNDING STRATEGIES**

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The present State Administration has recently spent considerable amounts of both time and resources addressing the needs of persons with SMI. The “Nebraska Behavioral Health Services Act” (LB1083) was passed by the Legislature (Yes-44, No-2, Not Voting-3) and signed into law by Governor Mike Johanns, on April 14, 2004. LB1083 is the Governor’s major proposal to improve the availability and accessibility of high-quality community-based services for people impacted by behavioral health issues, including those who have or are at risk for mental illnesses and their families. The Behavioral Health Reform includes the closure of two of the three Nebraska State Psychiatric Hospitals (Hastings and Norfolk Regional Centers) and creates more community-based programs for treating behavioral health disorders (mental health and substance abuse).

The recently completed Statewide Consumer Housing Need Study focused on the need for affordable and appropriate housing for extremely low-income persons with SMI. Project #2, of this SMI housing planning process, addressed, specifically, a Five-Year Action Plan for developing housing for persons with SMI in eight Nebraska communities. These Action Plans, to be successful, will require the implementation of both community, capacity and funding strategies, complementary to the cause of SMI housing. The following should be considered.

- funding.....***
- Insure the continued set-a-side of the Nebraska Affordable Housing Trust Fund to provide both rental assistance and “gap” financing for the development of SMI housing.
  - Other State funding programs, such as HOME Funds, Community Development Block Grant Funds and Low-Income Housing Tax Credits should have an annual set-a-side, specifically, for financing housing for persons with SMI.
  - Funding efforts by local Housing Authorities to include a set-a-side for or a priority to persons with SMI.
- community strategies.....***
- Consider residential and supportive services land availability when conducting community comprehensive planning and zoning.
  - Consider available local Community Development Block Grant reuse funds to assist in financing the development of SMI housing.
  - Utilize tax increment financing in the development of housing for persons with SMI.
  - Utilize a “community team” approach, comprised of individuals from all sectors of the community in the planning and development of both supportive services and housing for persons with SMI.
- capacity building.....***
- Strive to build the capacity of local and regional groups to understand and participate in developing housing for persons with SMI. This would include, but not be limited to private developers, housing authorities, community Housing Development Organizations, Community Development Corporations and Economic Development Districts, as well as local SMI service providers, including church organizations.